

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	h		10/13/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LS	1089	
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	1/28/02
2	6/13/02
3	11/20/02
4	4/20/03
5	7/10/03
6	8/15/03
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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830  
 10/15/01